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**POWER OF ATTORNEY
OR
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WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/536,691
Filing Date	Aug. 31, 2004
First Named Inventor	Villena et al.
Title	Automatic evaluation system using specialized...
Art Unit	3689
Examiner Name	RUHL, DENNIS WILLIAM
Attorney Docket Number	Homexperts-691

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

000074786

OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number.**OR** The address associated with Customer Number:**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Homexperts, Attn: William Kennedy		
Address	10700 N Kendall Dr., Suite 401		
City	Miami	State	FL
Country	USA	Zip	33176
Telephone	(305) 527-3353	Email	bkennedy@homexperts.net

I am the:

 Applicant/Inventor.**OR** Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	Sep 9, 2008
Name	Jose Villena	Telephone	+1 (305) 351-8646
Title and Company	CTO HOMEXPERTS, INC.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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The address associated with Customer Number:

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<input checked="" type="checkbox"/>	Firm or Individual Name	Homexperts, Attn: William Kennedy			
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City	Miami	State	FL	Zip	33176
Country	USA				
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Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature	Mario Villena	Date	Sep 9, 2008
Name	Mario Villena	Telephone	+1 (305) 351-8646
Title and Company	VP Mktg. HOMEXPERTS, INC.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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